



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

CLARIFICATION #2
2005 Quality Assurance Reporting Requirements
Specifications (QARR)

January 30, 2006

Dear Quality Management Director:

This clarification contains amendments to the Medicaid Immunization diskette and changes to the methodology of the Adolescent Preventive Care Measures.

Medicaid Immunization Diskette

- The numerator specifications inadvertently allowed for the inclusion of immunizations administered after the child's second birthday. The sentence on page 24, beginning of the first paragraph, should have read, "Plans should report all immunizations that qualify the child as a numerator positive first, and then all immunizations administered prior to and including the child's second birthday, regardless of the number of vaccinations and dates of administration".
- The date of disease for pneumonia was missing from the file layout grid for the Medicaid Immunization diskette. That has been added and updated Medicaid Immunization diskette specifications are attached.

Adolescent Preventive Care Measures

The methodology for removing pregnant members has been changed to follow the specifications utilized in the Disease Modifying Anti-Rheumatic Drug Therapy Measure, found in HEDIS® 2006, Volume 2. The sampling methodology also changed; it now allows for a 10% oversample. This oversample is to be used if a member is found to be pregnant during the medical record review.

Additional statements of interpretation, for each numerator, were added to assist the plans in determining if the information found in the medical record would count as a numerator hit.

If you have any questions, please call Raina Josberger (email: rej03@health.state.ny.us) or Susan Anderson (email: sra03@health.state.ny.us) at (518) 486-9012.

Sincerely,

Raina Josberger
Quality Measurement Unit

Enclosure

cc: Plan Medical Director
J. Anarella
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Childhood Immunization

Description of Changes

The following changes are requested for this year's Childhood Immunization diskettes:

- The number of antigens has been reduced to the number required for a numerator positive according to HEDIS[®] specifications. For example, instead of 6 DTP dates, plans can only report 4 this year.
- Plans should first include all immunizations that qualify the child as a numerator positive, and secondly, any other immunizations that do not meet HEDIS specifications.
- **All dates should be provided in sequential chronological order.**
- Dates of all diseases contracted by the child should be reported.
- Plans must indicate the **total number** of lead tests a child received.

OMC is requesting that plans submit antigen dates of services in accordance with the following methodology:

- Submit all vaccine events as date of services that qualify the child as a numerator positive in chronological order.
- If fewer than the required number of antigens are identified, submit each vaccine event as a date of service in chronological order regardless of compliance with the HEDIS measure. This additional information will be used for quality improvement and research.

PLEASE NOTE: Plans are still required to calculate HEDIS rates for Childhood Immunization Status to be submitted to the NYS DOH in aggregate on the NYS DSS.

Eligible Group

Plans should follow the HEDIS 2006 specifications for Childhood Immunization Status when defining the eligible population.

The sample on the Medicaid Immunization diskette **must** match the denominator submitted for Childhood Immunization Status and Lead Testing on the NYS DSS. The same sample must be used for Childhood Immunization and Lead Testing. If a child is excluded from the denominator of Childhood Immunization, then he/she should also be excluded from the Lead Testing denominator.

Numerator Specification

Plans should report all immunizations that qualify the child as a numerator positive first, and then all immunizations administered prior to and including the child's second birthday, regardless of the number of vaccinations and dates of administration (e.g., all 4 DTP dates that qualify the child as a numerator positive, and if the child does not have all 4 that qualify him/her, include all dates of administration of the DTaP/DT vaccinations, regardless of timing).

Plans may use information obtained from the New York City and upstate Immunization Registries.

For all antigens, the MCO may count evidence of any of the following if a date is documented:

- Evidence of the antigen, or
- Documented history of the illness, or
- A seropositive test result.

Exclusions

Plans should follow HEDIS 2006 specifications for children with contraindications.

Reporting

A standard ASCII file with the following elements left justified must be submitted. Please zero fill incomplete antigen series for date of disease fields that are not applicable. All dates within a numerator should be in sequential order. For example, if a child had two DTP's, the earlier date should be reported in the first column, and the more recent date should be reported in the second column.

Check that the file does not contain duplicate members before submitting the data. The denominator and numerators should match the values submitted in the DSS.

Element	Record Position	Field Format
OMC Plan ID (Refer to NYS DSS)	1-7	#####
Child's Medicaid Number (CIN)	8-15	AA#####A
Date of Birth	16-23	YYYYMMDD
Date of DTaP/DT 1	24-31	YYYYMMDD
Date of DTaP/DT 2	32-39	YYYYMMDD
Date of DTaP/DT 3	40-47	YYYYMMDD
Date of DTaP/DT 4	48-55	YYYYMMDD
Date of disease Diphtheria	56-63	YYYYMMDD
Date of disease Tetanus	64-71	YYYYMMDD
Date of disease Pertussis	72-79	YYYYMMDD
Date of IPV 1	80-87	YYYYMMDD
Date of IPV 2	88-95	YYYYMMDD
Date of IPV 3	96-103	YYYYMMDD
Date of disease IPV	104-111	YYYYMMDD
Date of MMR 1	112-119	YYYYMMDD
Date of disease Measles	120-127	YYYYMMDD
Date of disease Mumps	128-135	YYYYMMDD
Date of disease Rubella	136-143	YYYYMMDD
Date of HiB 1	144-151	YYYYMMDD
Date of HiB 2	152-159	YYYYMMDD
Date of HiB 3	160-167	YYYYMMDD
Date of disease HiB	168-175	YYYYMMDD
Date of Hepatitis B 1	176-183	YYYYMMDD
Date of Hepatitis B 2	184-191	YYYYMMDD
Date of Hepatitis B 3	192-199	YYYYMMDD
Date of disease Hepatitis B	200-207	YYYYMMDD
Date of VZV	208-215	YYYYMMDD
Date of disease VZV	216-223	YYYYMMDD
Date of pneumococcal conjugate 1	224-231	YYYYMMDD
Date of pneumococcal conjugate 2	232-239	YYYYMMDD
Date of pneumococcal conjugate 3	240-247	YYYYMMDD
Date of pneumococcal conjugate 4	248-255	YYYYMMDD
Date of disease Pneumonia	256-263	YYYYMMDD
Number of Lead Tests (e.g., 0, 1, 2, 3, 4)	264	Numeric

Each record will have 264 characters with **no spaces** between fields or elements. The following is an example of a valid record.

1234567AA12345B2003030520030428200403222004082520041027000000000000000000000000000000
00000002003091220031025200403012004061120040620200408252003102720040308200404280000000020
0305282004100220041029000000000200411152004101520040505200408292004101220041231000000003

Any missing or not applicable dates should be submitted as zeros in the YYYYMMDD format (00000000).

Technical Assistance: If you need clarification on these files, please contact Raina Josberger or Susan Anderson at (518) 486-9012.

IV. New York State-Specific Measures

ADOLESCENT PREVENTIVE CARE MEASURES

Commercial, Medicaid, and Child Health Plus

Description

The percentage of adolescents ages 14 to 18 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an OB/GYN practitioner during the measurement year, receiving the following six components of care during the measurement year:

1. Body Mass Index (BMI) screening,
2. Assessment or counseling or education on nutrition **and** exercise,
3. Counseling or education on risk behaviors associated with sexual activity and preventive actions,
4. Assessment for depression,
5. Assessment or counseling or education about the risks of tobacco usage, and
6. Assessment or counseling or education about the risks of substance use (including alcohol and excluding tobacco).

Note:

- The MCO may count services that occur over multiple visits toward this measure as long as all services occur within the timeframe established in the measure and were provided by a PCP or OB/GYN.
 - The MCO may include sick visits that occur within the timeframe.
 - The MCO is encouraged to include all visits and records in this review, even if the visits were provided by a provider other than the one to which the member is assigned.
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Eligible Population

Product lines: Commercial, Medicaid, and Child Health Plus

Age: Adolescents 14 to 18 years old as of December 31, 2005

Continuous Enrollment: The measurement year (Jan. 1 – Dec. 31, 2005)

Allowable Gap: For Commercial, the member may have no more than one gap in enrollment of up to 45 days during the measurement year. For Medicaid and Child Health Plus, the member may not have more than a 1-month gap in coverage.

Anchor Date: Enrolled as of December 31 of the measurement year.

Event: Administrative data of at least one well care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year. The primary care practitioner does not have to be assigned to the member. Adolescents who had a claim or encounter with a primary care practitioner or OB/GYN practitioner with one of the codes listed below are considered to have received a well care visit. (Table AWC-A: Codes to Identify Adolescent Well-Care Visits from HEDIS® 2006, Volume 2).

CPT Codes	ICD-9-CM Codes
99383 – 99385, 99393 - 99395	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Denominator

Step 1: For each product line, members who are 14 to 18 years old as of December 31, 2005 and who met the continuous enrollment criteria with the respective gap allowances for each product, who were enrolled as of December 31, 2005 and had a well care visit in administrative data with a PCP or OB/GYN during the measurement year.

Step 2: Remove from the denominator members who are identified as being pregnant during the measurement year. Codes to identify pregnant members can be found in HEDIS® 2006, Volume 2 - Disease Modifying Anti-Rheumatic Drug Therapy Measure, Tables ART-C: Codes to Identify Pregnancy Exclusions.

Step 3: A systematic sample drawn from the MCO's eligible population. The measure will be based on 100 eligible members, with a 10% oversample. If the eligible population is less than 110, the entire eligible population should be used.

Random Number (RAND) for the Adolescent Screening and Counseling Measures

Measure	RAND
Adolescent Screening And Counseling Measures	.44

Step 4: If a member is identified through medical record review to have had pregnancy related care, beyond a test for pregnancy during the measurement year, the member should be removed from the denominator and substituted with a record from the oversample.

Screening Tools

Notation that a particular tool was used without noting which areas were assessed, counseled or discussed, would not be a positive numerator finding. If a checklist is used and included or there is a reference to the areas covered, the notations would be positive numerator events. For example, a notation that AMA GAPS was done would not be acceptable. If the notation stated the tool was used and activity/diet, sexual activity, mental health, tobacco and substance use were reviewed; these would be considered positive numerator findings for the five topic areas.

Numerator 1: Screening for a Weight Issue Using Body Mass Index (BMI)

Documentation in the medical record of a BMI **or** BMI percentile during the measurement year.

Any of the following elements are positive findings:

- Notation of BMI calculation in the medical record
- Notation of BMI percentile in the medical record
- Notation of BMI on graph
- Notation of BMI percentile on graph.

The following are not positive findings:

- No evidence of BMI calculation or percentile written in medical record or plotted on graph
- BMI noted prior to or after 2005
- Documentation of Weight/Height only

Numerator 2: Assessment or Counseling or Education on Nutrition and Exercise

Documentation in the medical record of **nutrition** assessment or counseling or education being provided during the measurement year **and** **exercise** assessment or counseling or education being provided during the measurement year. Any of the following elements are positive findings:

- Notations of assessment of current behaviors (e.g. eating habits, exercise routine, participation in sports activities, etc.)
- Use of a checklist indicating both topics were addressed
- Notation of counseling or referral (includes community programs known to address both nutrition and activity, such as Weight Watchers)
- Distribution of educational materials to the member, specifically geared towards nutrition and exercise
- Notation of “anticipatory guidance” for nutrition and exercise
- Notation regarding each topic even if the activity (assessment vs. counseling) is different for the individual topics. For example, assessment of exercise and counseling of nutrition would count.

The following are not positive findings:

- No assessment/ Counseling/ Education on nutrition and exercise
- Assessment and counseling in ONE area alone (nutrition without exercise or vice versa)
- Assessment/ Counseling/ Education prior to or after 2005
- Notation of “health education” or “anticipatory guidance” without any mention of specifics indicating that nutrition and exercise were addressed

Numerator 3: Counseling or Education on Risk Behaviors Associated with Sexual Activity and Preventive Actions

Documentation in the medical record of counseling or education on preventive actions and risk behaviors associated with sexual activity during the measurement year.

Discussion on **abstinence, family planning, condom use, contraceptives, HIV, STDs, pregnancy prevention, and safe sex** are positive findings. The documentation can include:

- Use of a checklist indicating any of the above noted topics were discussed
- Notation of counseling or referral for treatment or testing for HIV/STDs
- Notation of a prescription or dispensing for contraceptives with any of the above mentioned topics discussed
- Notation of discussion on “sex”, “safe dating”
- Distribution of educational materials to the member, specifically geared towards risk behaviors and preventive actions

The following are not positive findings:

- No evidence of Counseling/Education on risk behaviors associated with sexual activity and preventive actions
- Counseling/Education prior to or after 2005
- A pregnancy test alone or an STD or HIV test alone, without any of the above mentioned documentation
- Notation of a prescription or dispensing for contraceptives, without any of the above mentioned documentation
- Notation of “health education” or “anticipatory guidance” without any mention of specifics indicating that sexual activity topics were addressed
- Inquiry of sexual history without any of the above mentioned documentation

Numerator 4: Assessment for Depression

Documentation in the medical record of an assessment for depression during the measurement year. The documentation can include:

- Notation from a health assessment about the adolescent’s depressive symptoms during the measurement year
- Use of a checklist indicating that the topic was addressed
- Inquiry of depression (e.g. “denies depression”, “depression – none”, “depression-yes or no”)
- Inquiry as to whether the member felt down, depressed, or hopeless
- Inquiry as to whether the member felt little interest or pleasure in doing things
- Notation of the mental health status and/or suicide ideation
- Notation of counseling or referral for treatment
- Discussion of antidepressant medications
- Notation of treatment for depression in 2005
- Notation of assessment for behavior and mood

The following are not positive findings:

- No assessment for depression
- Prescription for antidepressant without any of the above-mentioned documentation
- Mental health treatment for other conditions (e.g., ADHD)
- Assessment for depression prior to or after 2005
- Diagnosis of depression only (no assessment/inquiry or treatment noted)
- Inquiries regarding sleep, stress, coping without being related to a depression screening

Numerator 5: Assessment or Counseling or Education About the Risks of Tobacco Usage

Documentation in the medical record of assessment or counseling or education about the risks of tobacco use during the measurement year. Tobacco use includes, but is not limited to, cigarettes, chew, or cigars. The following elements are positive findings:

- Notations about current or past behavior regarding tobacco use
- Use of a checklist indicating topic was addressed
- Notation of counseling or treatment referral
- Notation of prescription for smoking cessation medication
- Distribution of educational materials to the member, pertaining to tobacco use
- Notation of “anticipatory guidance” for tobacco use
- Notation of discussion of exposure to secondhand smoke

The following are not positive findings:

- No Assessment/ Counseling/ Education about the risks of tobacco usage
- Assessment/ Counseling/ Education prior to or after 2005
- Prescription or dispensing of medications that have uses beyond cessation (such as antidepressants) without any of the above documentation.
- Notation of “health education” or “anticipatory guidance” without any mention of specifics indicating that tobacco use was addressed

Numerator 6: Assessment or Counseling or Education About the Risks of Substance Use (Including Alcohol and Excluding Tobacco Use)

Documentation in the medical record of an assessment or counseling or education about the risks of substance use during the measurement year. Substance use includes, but is not limited to, alcohol, street drugs, non-prescription drugs, prescription drugs, and inhalant use. The following elements are positive findings:

- Notations about current or past behavior regarding substance use or alcohol use.
- Use of a checklist indicating topic was addressed
- Notation of counseling or treatment referral
- Distribution of educational materials to the member pertaining to substance or alcohol use (not tobacco)
- Notation of “anticipatory guidance” for substance use or alcohol use

- Only one topic is needed for a positive numerator finding. For example assessments do not need to include both alcohol and marijuana to count.

The following are not positive findings:

- No Assessment/ Counseling/ Education about the risks of substance use
- Assessment/ Counseling/ Education about tobacco use only
- Assessment/ Counseling/ Education prior to or after 2005
- Notation of “health education” or “anticipatory guidance” without any mention of specifics indicating that substance use was addressed